

School-Based Health Centers and Childhood Obesity: *An Ideal Location to Address a Complex Issue*

“The health of a nation is largely a reflection of the past and present health of its children.”ⁱ

One of today’s most pressing public health problems is the rise in childhood overweight and obesity. School-based health centers (SBHCs) – the convergence of public health, primary care, and mental health in schools – represent an important element in our public health toolbox for combating the challenging epidemic. When working side-by-side in a school setting, medical and mental health professionals have a unique window into their patients’ world and unparalleled opportunities for addressing common and emerging health problems from a population-based approach.

Why SBHCs?

The large increase of overweight and obesity in the United States shows a generational trend: each generation is followed by a heavier one. Alleviating this trend will ultimately decrease the overall prevalence of obesity in the United States.

Childhood is a critical period for the development of healthy behaviors and habits that frequently continue to adulthood. In fact, obese children between the ages of 10 to 13 year old are 80 percent more likely to become obese adults.ⁱⁱ

Addressing health and nutrition during childhood and adolescence is therefore critical to tackling obesity. Through the help of SBHCs, schools – where children spend a large majority of their time – present a great opportunity to instill life-long healthy behaviors in children and adolescents.

Schools are one of the most natural social settings for a child-focused healthy intervention

- Health visits become a normal part of school life when services are offered in school. This is especially important for children and adolescents who may feel stigmatized by their disease, require management of chronic health problems, or lack routine access to a health care provider.
- SBHCs are uniquely positioned to care for many of the kids who are most at risk for obesity and its secondary effects, as many centers are located in communities where families have limited income and health care access.

According to NASBHC’s most recent census of SBHCs across the country, 90 percent of clinics that responded offer nutrition, fitness, and/or weight management services to students through individual care, small-group care, and school-wide care – and often to their families and the community as well.ⁱⁱⁱ

SBHCs treat overweight and obesity comprehensively

- Medical management is a critical contribution of SBHCs: medical providers can screen and evaluate problems with proper laboratory testing and referrals to specialists when required. For students with medical complications related to obesity such as Type 2 diabetes, SBHCs can work collaboratively with specialists and primary care providers to teach students about self care and to monitor their individual condition.

- SBHCs can organize groups of high-risk children and adolescents to help foster cohesion and peer support toward healthy lifestyle goals. Many SBHCs creatively integrate their services into after-school physical activity promotion programs that help build healthy foundations for students by finding activities they enjoy.
- The interdisciplinary SBHC team ensures that the emotional risk factors for obesity and overweight – depression, stress, and low self-esteem – are not overlooked. The team also works to change behavior through nutrition education, counseling, and encouragement of physical activity.
- The support, education and services provided by SBHCs are most effective when they reinforce and coordinate with overall policy and environmental changes that encourage physical activity and healthy eating throughout the school system for all students. These include K-12 health education, healthy vending machine choices, nutritious school lunches, and physical activity opportunities before, during and after school.
- By offering families support, encouragement, and materials, SBHCs enhance the efforts of the children to live healthy lifestyles, while involving parents and encouraging them to do the same.

SBHCs can monitor results

- SBHCs are natural evaluation sites for monitoring the effectiveness of strategies to prevent obesity and improve nutrition and health. With a captive student body, SBHCs are able to track progress over time with greater ease.

SBHCs work collaboratively with community providers

- SBHCs work with the school and community to foster collaborative models for preventing obesity and encouraging healthy lifestyles, by incorporating a nutrition education program into the school's curricula, promoting healthy food choices and exercise, and/or providing daily encouragement to the school community to eat healthy and stay fit.

Dancing at Lincoln High

How can I possibly lose weight? I don't want to exercise!

Vegetables? – I never eat them.

These are sentiments all too commonly expressed by overweight young people. School-based health care professionals at Lincoln High School in Denver, Colorado heard these reactions and more from teens wanting to trim down, but finding the medicine tough to swallow. But after the SBHC launched an obesity management program, things began to change.

Through the power of peer support, facilitated by a health care professional and nutritionist, the group of students, who weighed an average of 300 pounds, started to think differently about the food they consumed and no longer skipped breakfast. They role-played how to be resolute in their decisions about food. They began to enjoy exercise by strapping on pedometers to see who could walk the most each week. The students discovered that they especially enjoyed dancing as a way to improve their health.

With the support of their families and each other, these kids are taking control of their health and making changes. Now they are saying "Fruits and vegetables aren't so bad." And, "Dancing is a really fun way to exercise!"

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ⁱ Forrest, Christopher B. and Anne W. Riley. "Childhood Origins of Adult Health: A Basis for Life-Course Health Policy." *Health Affairs*, 23, No. 5 (2004): pg 155-164. <http://content.healthaffairs.org/cgi/content/full/23/5/155#R3>

ⁱⁱ "Epidemic obesity and childhood." *Epidemic Obesity*, 2009. <http://www.epidemicobesity.com/>

ⁱⁱⁱ Strozer, J., Juszcak, L., & Ammerman, A. (2010). 2007-2008 National School-Based Health Care Census. Washington, DC: National Assembly on School-Based Health Care. www.nasbhc.org/nationaldata